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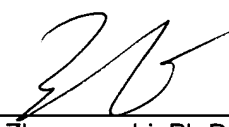
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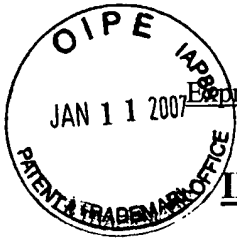
TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/631,116	
	Filing Date	July 31, 2003	
	First Named Inventor	Houdin Dehnad	
	Group Art Unit	1614	
	Examiner Name	James D. Anderson	
Total Number of Pages in This Submission (excluding references)	18	Attorney Docket Number	50623.249

ENCLOSURES (check all that apply)				
<input type="checkbox"/> Deposit Account 07-1850 Authorization <input checked="" type="checkbox"/> Postage Paid Return Postcard <input checked="" type="checkbox"/> Response to Office Action (15 pages) <input checked="" type="checkbox"/> Amendment Transmittal Letter (in duplicate) (2 pages) <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Petition for Extension of Time (___ months) (in duplicate) <input type="checkbox"/> Information Disclosure Statement (in duplicate) with Form PTO-1449 and ___ References <input checked="" type="checkbox"/> Express Mail Label No. EV 721 154 678 US <input checked="" type="checkbox"/> Certificate of Mailing <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) In/Formal ___ Sheets with Submission of Drawings Transmittal <input type="checkbox"/> Issue Fee Transmittal with PTO-85b (in duplicate) <input type="checkbox"/> Request for Continued Examination Transmittal (RCE) <input type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Request for Status of Application (___ page) <input type="checkbox"/> Other Enclosure(s) (please identify below):		
<table border="1"><tr><td>Remarks</td><td></td></tr></table>			Remarks	
Remarks				

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Squire, Sanders & Dempsey L.L.P. Zhaoyang Li, Ph.D., Reg. No. 46,872
Signature	
Date	January 10, 2007

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date below:			
Typed or printed name	Yayoi Barrack		
Signature		Date	January 10, 2007

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. 50623.249	
Applicant(s): Houdin Dehnad					
Serial No. 10/631,116	Filing Date JAN 11 2007 JULY 31, 2003	Examiner James D. Anderson		Group Art Unit 1614	
Invention: Method And System For Irradiation Of A Drug Eluting Implantable Medical Device					
TO THE COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as show below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	48	48	0	X \$50.00	\$00.00
INDEP. CLAIMS	5	5	0	X \$200.00	\$00.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$00.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$00.00
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p><input checked="" type="checkbox"/> No additional fee is required for amendment.</p> <p><input type="checkbox"/> Please charge Deposit Account No. 07-1850 in the amount of \$ 0.00</p> <p>A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of any necessary fees associated with this communication or credit any overpayment to Deposit Account No. 07-1850</p> <p>A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</p> <p><input type="checkbox"/> Any patent application processing fees under 37 C.F.R. 1.17.</p> </div> <div style="width: 35%; text-align: center;">  <hr style="width: 100%; border: 0.5px solid black;"/> <p>Zhaoyang Li, Ph.D. Reg. No. 46,872</p> </div> </div> <div style="margin-top: 20px;"> <p>Dated: January 10, 2007 Squire, Sanders & Dempsey L.L.P. 1 Maritime Plaza, Suite 300 San Francisco, CA 94111 (415) 954-0200</p> <p>cc: Docket:</p> </div>					



Express Mail No. EV 721 154 678 US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application Of:

Examiner: James D. Anderson

Houdin Dehnad

Art Unit: 1614

Serial No: 10/631,116

Filed: July 31, 2003

For: Method and System For Irradiation
Of A Drug Eluting Implantable
Medical Device

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE TO OFFICE ACTION

Dear Examiner Anderson:

This is a Response to the Office Action mailed on October 16, 2006, which has a shortened statutory period for reply that ends on January 16, 2007.